NC DIVISION MH/DD/SAS
2007/2008 COMMUNITY SUPPORT SERVICES AUDIT

AUDITOR INSTRUCTIONS

Q1 – Service Authorization:

- If the provider does not have evidence of authorization from ValueOptions (VO), check for service authorization that covers the date of service being reviewed on the spreadsheet provided by VO (on computer – see Belinda or a team leader).
- A service authorization is not needed if:
    - The service date is within the first 8 hours for children/adolescents or the first 4 hours for adults, of when the **person first received any mental health services (first time ever in the system).**
    - The person has been **completely discharged with no services rendered for 60 days** and the service date is within the first 8/4 hours of service.
- **If the 8 hrs/4 hrs are not exhausted but the Person Centered Plan (PCP) has been completed**, the service authorization must be in place prior to billing.
- The initial 8 hrs/4hrs of service referenced above shall be a case management function provided by a **Qualified Professional (QP).**
- **Rating:**
    - If authorization is present, mark Q1a = "1".
    - If no authorization**,** rate Q1a = "0".
    - If Q1a is rated "0", enter the dates in Q1b. **FROM is the first date when there was no valid authorization, or 7/1/07; TO is the last date there was no valid authorization or the date of the audit**, if there is still no authorization.
    - If the PCP was not completed, no authorization obtained and the 8 hrs/4hrs were not exhausted, rate Q1 = "9/NA".

Q2 – Service Order:

- Appropriate service has been ordered. **The CS service needs to be identified in the Action Plan** of the PCP to be ordered via signature on the PCP. Separate service order forms are not acceptable.
- **Dated Signatures** :
    - Medicaid-funded services must be ordered by a **licensed MD or DO, a licensed psychologist, a licensed nurse practitioner or a licensed physician's assistant.**
    - Both the signature and date must be **handwritten by the signatory**.
    - **Dates may not be entered by another person or typed in**.
    - **No stamped signatures** unless there is a verified Americans with Disabilities Act (ADA) exception.
    - A service order may not be obtained (signature on the PCP) before the PCP is completed. **Service order signatures dated prior to the Date of Plan on the PCP are not valid**.
- When the **PCP is reviewed/updated, but no new service is the result**, the signature for the service order is not required unless it is time for the annual review of medical necessity.

- For audit purposes, the **Service Order is signed on or before the date of service, but never before the Date of Plan**.
- A service order is not needed if:
    - The service date is within the first 8 hours for children/adolescents or the first 4 hours for adults, of when the person **first received any mental health services (first time ever in the system).**
    - The person has been **completely discharged with no services rendered for 60 days** and the service date is within the first 8/4 hours of service.
- **If the 8 hrs/4 hrs are not exhausted but the PCP has been completed**, the service order must be in place prior to billing.
- If there is no service order signature on a Complete PCP, check to see if there is an Intro PCP that would have a valid service order (good for one year).
- 2a. Dates: **FROM is the date of the PCP, Intro or Complete (no earlier than 7/1/07). TO is the date a valid service order went into effect, or the date of the audit**.

Q3 – PCP is Current:

- The individualized PCP shall begin at admission and shall be updated/revised:
    - If the needs of the person have changed
    - On or before assigned target dates
    - When a provider changes
        - Note the CS provider name on face sheet, on crisis plan and in Action Plan (if there).
        - If the current provider is not reflected, it may be that the PCP was not updated when the provider changed**.**
- Target dates may not exceed 12 months.
- **Signatures & Dates**
    - **Signatures are obtained for each required/completed review, even if no change occurred.**
    - Signature verifying medical necessity (a service order) is required only if a new service is added unless it is the annual review of medical necessity.
    - Author of the PCP and the legally responsible person have signed the PCP
        - If the legally responsible person did not sign the PCP until after the service date, there must be documented explanation and evidence of attempts to obtain the signature.
        - If no signature of the lrp and no attempts documented to obtain it, call the PCP out of compliance.
    - For audit purposes, **signatures must be dated on or before the date of service, but never before the Date of Plan.**
- Documentation of the legally responsible person, if not the parent of a minor, needs to be reviewed:
    - Court ordered guardianship, court-appointed custody to DSS
    - If a minor is cared for by someone other than a parent, and evidence of that caretaker having the **intention for long-term care is present, that may be accepted as "in loco parentis"** in lieu of legal guardianship.
- 3a. Dates: **FROM is the first date the PCP is not valid. TO is the date a valid PCP went into effect, or the date of the audit**.

Q4 – The PCP is Individualized:

- PCPs and goals/interventions in particular, should be individual to the person to whom the PCP belongs.
- **Rating**
    - If the Goals are the same, but the Interventions are individualized, rate Q4= "1".
    - If the Goals and the Interventions are the same, rate Q4="0".
    - If the PCP via Q3 was rated not valid, still evaluate the PCP for this question; do not rate "0" or "N/A" automatically.
    - If there was no PCP at all from which the provider was billing, rate Q4="9/NA"

Q5 – Documentation is Written & Signed:

- Service note is **written and signed** by the person who provided the **service (full signature, no initials).**
    - "Written" means "composed".
    - If signature reads, "G. Walton", rate Q5="1". If it is a persistent problem, ask for a POC. If it is one person signing that way, make a recommendation or offer a reminder to the provider.
    - If signature reads, "Jeff H.", rate Q5="0".
    - If first name only is present, i.e., "Patricia", rate Q5="0".
    - If signature reads, "B.J.", rate Q5="0".
- **Signature includes credentials, license, or degree for professionals; position name for paraprofessionals, which may be typed, stamped or handwritten**.
- If the signature does not include the credentials, license, degree or position, do not rate the note as "0". If all or many of the signatures for the provider are lacking the credentials require a POC. If it is just one – remind them of the need to include the credentials.
- Family members or the legally responsible person may not provide these services for reimbursement.
- If there is **no service documentation for the date being audited**, mark this question "6 = No service note". Also mark "6" for Qs 6, 7, 8, 10, 11. *Do not mark "6" for Q9. Q9 will be evaluated without benefit of a note for the date of service.*

Q6 – Service Note reflects Purpose of Contact, Staff Intervention, Assessment of Progress toward Goals

- Per the CS Service Definition, a full narrative service note (no checklists or grids) is required and must include:
    - **Purpose** of the contact (restatement of the goal, paraphrased goal, or Goal number)
    - Description of the **intervention(s)/treatment** (what the staff member did)
    - **Assessment of person's progress toward goals** / effectiveness for the individual (how did it turn out for the individual?).
- If the service note contains both a checklist or grid and a narrative, rate this question based on the content of the narrative only. The narrative must contain all 3 elements above to rate this question as "1".
- This question is **not rating the quality or duration** of the purpose, intervention or the progress toward goal statements.
- **If Q6 is rated "0" for *intervention – meaning there was none documented*, Q8 & Q11 are also rated "not met".**

Q7 – Service Note Relates to Goals

- Service note states, summarizes and/or relates to a goal or references a goal number in the current PCP.
- The goal has not expired and is not overdue for review.
- If the goal in the note does not reflect the exact language or use the right number for a goal, review the goals in the PCP to see if it relates to one of them.
- **Rating**
  - Rate Q7="0" if there is nothing in any goal that can be related to the Purpose statement in the note.
  - Rate Q7="0" if the goal documented on was terminated prior to the date of service.

Q8 – Specific Service Definition Requirements are Met:

- **Review the progress note based on the following criteria for CS Adult or CS Children/Adolescents, as applicable:**

  - **Adult** -***The service note must directly relate to the individual's diagnostic and clinical needs as reflected in the PCP, including***:
    - Identification of strengths that will aid the individual in their recovery as well as barriers that impede the development of skills necessary for independent functioning in the community – *[this may be an indirect service such as PCP development, done only by a QP]*
    - One-on-one interventions with the recipient, unless a group intervention is deemed more efficacious, to develop interpersonal relational, and coping skills in the community, including adaptation to home, school and work environments.
    - Therapeutic mentoring that directly increases the acquisition of skills needed to accomplish the goals of the PCP
    - Symptom monitoring
    - Medication monitoring with documented communication to prescribing physician(s)
    - Self-management of symptoms *[i.e., teaching/assisting with coping mechanisms]*
    - Direct preventive and therapeutic interventions that will assist with skill building
    - Assistance with skill enhancement or acquisition
    - Relapse prevention and disease management strategies
    - Psychoeducation and training of family, unpaid caregivers, and others who have a legitimate role in addressing the needs identified in the PCP – *this may be an indirect service, QP, AP or PP*
    - Support for ongoing treatment and encouraging the achievement of functional gains
    - Case management for the effective coordination of clinical service, natural and community supports for the recipient and his/her family – *this is an indirect service, QP only*

Community Support	
Qualified Professional **Certified Clinical Supervisor** **Licensed Clinical Addiction Specialist**	**Associate Professional** **Paraprofessional** **(under the supervision of the Qualified Professional)**
• Coordination and oversight of initial and ongoing assessment activities • Ensuring linkage to the most clinically appropriate and effective services • Facilitation of the Person Centered Planning process, including the recipient and people identified as important in the recipient's life (e.g., family, friends, providers) • Initial development and ongoing revision of Person Centered Plan • Monitoring the implementation of the Person Centered Plan, including involvement of other medical and non-medical providers, the consumer, and natural and community supports • Supportive counseling to address the diagnostic and clinical needs of the recipient • Case management functions to arrange, link, monitor, and/or integrate multiple services and referrals • Coordination with the recipient's medical home (e.g., primary care physician) • Monitoring of activities provided by Associate Professional and Paraprofessional staff providing Community Support • Provision of all activities, functions, and interventions of the Community Support service definition	• Assistance with therapeutic interventions to rehabilitate • Functional skills • Adaptation, socialization, relational, and coping skills • Self-management of symptoms • Daily and community living skills • Behavior and anger management skills • Therapeutic mentoring that directly increases the acquisition of skills needed to accomplish the goals of the Person Centered Plan • Psychoeducation and training of family, unpaid caregivers, and others who have a legitimate role in addressing the needs identified in the Person Centered Plan • Direct preventive and therapeutic interventions that will assist with skill building • Relapse prevention and disease management strategies • Ongoing symptom monitoring and management • Ongoing medication monitoring, with report to medical providers • Service coordination activities within the established Person Centered Plan • Input into the Person Centered Plan modifications

- **Children/Adolescents** – *(Pay close attention to CS provided in schools. It needs to be more than sitting next to a child to deter inappropriate behavior.)* **The service note must directly relate to the child's diagnostic and clinical needs as reflected in the PCP, including:**

    - One-on-one interventions with the recipient, unless a group intervention is deemed more efficacious, to develop interpersonal and community relational skills, including adaptation to home, school, work and other natural environments
    - Therapeutic mentoring that directly increases the acquisition of skills needed to accomplish the goals of the PCP
    - Symptom monitoring
    - Self-management of symptoms
    - Medication monitoring with documented communication to prescribing physician(s)
    - Direct preventive and therapeutic interventions that will assist with skill building
    - Assistance with skill enhancement or acquisition
    - Relapse prevention and disease management strategies
    - Psychoeducation and training of family, unpaid caregivers and others who have a legitimate role in addressing the needs identified in the PCP – *this may be an indirect service, QP, AP, PP*
    - Support for ongoing treatment and encouraging the achievement of functional gains
    - Case management for the effective coordination of clinical service, natural and community supports for the child/youth and his/her family – *this is an indirect service, QP only*

Community Support	
Qualified Professional **Certified Clinical Supervisor** **Licensed Clinical Addiction Specialist**	**Associate Professional** **Paraprofessional (under the supervision of the Qualified Professional)**
• Coordination and oversight of initial and ongoing assessment activities • Ensuring linkage to the most clinically appropriate and effective services • Convening the Child and Family Team, including the recipient, family, and people identified as important in the recipient's life, for Person Centered Planning • Initial development and ongoing revision of Person Centered Plan • Monitoring the implementation of the Person Centered Plan, including involvement of other medical and non-medical providers, the recipient and family, and natural and community supports	• Assistance with therapeutic interventions to rehabilitate o Functional skills o Daily and community living skills o Adaptation, socialization, relational, and coping skills o Self-management of symptoms o Behavior and anger management skills • Therapeutic mentoring that directly increases the acquisition of skills needed to accomplish the

• Supportive counseling to address the diagnostic and clinical needs of the recipient • Case management functions to arrange, link, monitor, and/or integrate multiple services and referrals • Coordination with the recipient's medical home (e.g., primary care physician) • Monitoring of activities provided by Associate and Paraprofessional staff providing Community Support • Provision of all activities, functions, and interventions of the Community Support service definition	goals of the Person Centered Plan • Psychoeducation and training of family, unpaid caregivers, and others who have a legitimate role in addressing the needs identified in the Person Centered Plan • Direct preventive and therapeutic interventions that will assist with skill building • Relapse prevention and disease management strategies • Ongoing symptom monitoring and management • Ongoing medication monitoring with report to medical providers • Service coordination activities within the established Person Centered Plan • Input into the Person Centered Plan modifications

Q9 – Service Notes are Individualized:

- Review service notes around the service date audited to determine if notes are individualized.
- **Notes should vary from day to day and person to person**, and be specific to goals in each PCP.
- The first record audited may have to be revisited if consequent notes in another record appear to be the same.
- **No xeroxed notes with the dates changed**.
- **No handwritten notes copied throughout the record** with different service dates.
- **If there was no note for the date of service** (rating of "6" used for Qs 5, 6, 7, 8, 10, 11), evaluate this question based on the notes found around the audited date of service.

Q10 – Units Billed Match the Duration of Service:

- Duration of service for periodic services must be documented.
- Billing and duration must be an exact match, however, if fewer units are billed than are documented, do not call this out of compliance.
- **Rating: If more units are billed/paid than are documented, rate Q10a = "0" and complete Q10b**
- **Q10b:** Record the **actual Units Documented** in Q10b. This is the number of units documented in the service note as the duration of that particular service event.

Q11 – Documentation Reflects Treatment for the Duration of Service:

- **If Q6 is rated "0" for *intervention***, then this question is automatically found out of compliance as well.
- **If Q8 is rated "0" for *specific CS requirements*,** then this question is automatically found out of compliance as well.
- Determine that the documentation provided for a specific date of service adequately represents the number of units to be billed
    - Does the intervention/treatment documented justify the amount of time billed? Did the intervention documented reasonably take place in the time documented?
    - Did the intervention reflect "treatment", not activities of daily living (ADLs) unrelated to goals, symptoms and diagnoses, for the time indicated?

Q12 – Qualifications and Training

- Review personnel record of staff that provided the service.
- For QPs, verify both education and experience, per Core Rules requirements (see Justifications sheet).
- Review education and training documentation for each item listed on the Qualifications Checklist.

Q13 – Supervision Plans:

- Individualized supervision plans are required for **paraprofessionals and associate professionals.**
- Review each supervision plan to determine frequency/duration of required supervision. **If a supervision plan is in place, rate Q13a="1".**
- Supervision plans must be implemented as written. Review documentation of supervision against the supervision plan requirements**. If the supervision plan was implemented as written, rate Q13b="1".**
- **An agency policy on supervision, even if it includes frequency/duration of supervision may not be accepted** in lieu of an individual supervision plan.
- **An agency-wide plan**, without any individualization (i.e., at minimum, the name of the staff person), even if present in the personnel file, does not meet criteria for an "individualized plan".
- **If there is no supervision plan**, but there is evidence of supervision having taken place, Q13b is still rated "0", because there is no plan on which to base the implementation.
- If there is no supervision plan, enter the dates in 13c:
    - FROM is the date of hire or 7/1/07.
    - TO is the date a supervision plan was developed or the date of the audit.
- If the supervision plan is not implemented as written, **enter the dates of non-compliance in 13c**, for example:
    - Supervision plan calls for 1/month supervision. Event date is March 12. Enter "FROM: March 1 TO: March 31, 2008" in Q13c.
    - Supervision plan calls for 1/week supervision. Event date is March 12. Ask what the work week is (i.e., Monday-Sunday). Look up corresponding dates for the week and enter in Q13c.
- Both Q13a and Q13b must be rated "1" to have an overall rating for Q13 = 1.

Q14– Disclosure of Criminal Conviction

- Review documentation showing the **provider agency required the staff that provided the service to disclose any criminal conviction**.
- Most frequent place to find the disclosure statement is on the employment application or on a separate form/statement filled out during the application process.
- If no disclosure is evident, a criminal record check made prior to the date of service by the provider agency is acceptable,
- If a criminal record check is evident, still ask for evidence of the disclosure. Make a recommendation or assign a POC as appropriate if disclosures are not in place.

Q15 – Health Care Personnel Registry (HCPR) Check:

- There may be **no substantiated finding of abuse or neglect** listed on the NC Health Care Personnel Registry.
- 15a - **Dates:**
    - If the HCPR Check is non-existent or after the date of service:
        - **FROM** is the date of hire or 7/1/07, whichever is later,
        - **TO** is the the date the HCPR Check was completed, or the last date of employment, or date of the audit.
    - If there is a substantiated finding,
        - **FROM** is the date of the finding.
        - **TO** is the date of the audit or the last date of employment.

Comment Section:

- **Comment on/clarify any "0/not met" elements above.** There needs to be a good/factual explanation for any item rated out of compliance. For example, if Q5 is rated "0", write "#5" in the Comment Section and explain why it was rated out of compliance. **Do not repeat the question, add specific information regarding why the item was rated "0".**
- Attach copies of documentation for elements found out of compliance. **All items rated "0/not met" must have a copy of something attached as evidence, UNLESS it is "not met" because it doesn't exist – no PCP at all, or no service note at all.** Make sure your comments explain the situation if nothing is attached.
- There are **2nd sheets** available for comments if all comments don't fit on the audit tool. Please use these sheets rather than crowding the bottom of the audit tool.

General Information

- Auditor must complete all sections of the audit sheet and will be responsible for acquiring all needed information.
- Review all tools for completeness before returning any records to the provider.
- Completed audit tools must be reviewed by a team leader prior to copying tools and releasing the provider and their records.
- ENSURE THAT NO **ORIGINAL** AUDIT TOOLS ARE GIVEN TO THE PROVIDER. The audit tools and copies will be 2 different colors.

- If Q5 (signature on note) is rated “6” because the note is missing, also rate Qs 6, 7, 8, 10, 11 = “6”.
- If Q6 is rated “0” for no “intervention”, also rate Q8 & Q11 = “0”
- **Pink Sheets:**
    - Complete pink sheets as you go along – if you notice that something is a **systemic issue** as you are auditing, go to the pink sheet and circle the appropriate corrective action.
    - Review pink sheets when audit is complete to ensure that all areas that need corrective action are included.
    - If there is a statement that needs to be made that would not be covered by the corrective action choices, use the General Summary section – this will appear in the report.
    - If there are significant pieces of documentation not provided at the audit, use the statement at the end of the pink sheet to indicate specifically what was missing.
    - Review the required corrective action with the provider.